

2700 INTERNAL TRANSFER REQUEST FOR S.N.

a) 795,64

DATE:

12-21

FROM:

Dr

(print name)

FORWARD TO:

A. Art Unit:

2611

B. Class:

725

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

Video Transmission

DATE:

FROM:

(print name)

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

DATE:

FROM:

(print name)

FORWARD TO CLASSIFIER

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE:

CLASSIFIER:

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED: